



Department of Environmental Resources Management

Air Quality Management Division

701 NW 1st Court, Suite 800

Miami, Florida 33136-3912

T 305-372-6925

www.miamidade.gov/derm

AIR PERMIT APPLICATION

INSTRUCTIONS

All information spaces must be completed in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the **DERM CODE ENFORCEMENT SECTION** or stop or delay any normal enforcement procedures. **Read this application carefully before you begin to fill it out.** Call the **DERM AIR FACILITIES SECTION** at (305) 372-6925, if there are any questions. Please include ALL equipment, operations, procedures, and activities which have a potential to emit air pollutants. Failure to include any potential source of air pollutants could result in after-the-fact enforcement action. Application package should be submitted to the **DERM Office of Plan Review Services, 11805 SW 26th Street, Miami, Florida 33175 or 701 NW 1st Court, Suite 200 Miami, Florida 33136.**

A. Owner/Authorized Representative

Name and Title of Owner/Authorized Representative: _____

Mailing Address: _____

Organization/Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Fax (____) _____ - _____

Owner/Authorized Representative Statement:

I, the undersigned, am the owner or authorized representative* addressed in this Air Permit Application. I hereby certify that the statements made in this application are true, accurate and complete. Further, I agree to operate and maintain the facility so as to comply with all applicable standards for control of air pollutant emissions found in Chapter 24, Environmental Protection, of the Code of Miami-Dade County, Florida, and the statutes of the State of Florida and rules of the Department of Environmental Protection. I understand that a permit if granted by the DERM cannot be transferred without authorization from the DERM and I will promptly notify the DERM upon sale or legal transfer.

Signature

Date

* Attached letter of authorization if not currently on file.

B. Purpose of Application

This Air Permit Application is submitted to obtain (check one):

- ☐ Air construction permit for a new facility.
- ☐ Initial air operation permit for an existing, but previously unpermitted facility
- ☐ Initial air operation permit for a newly constructed or modified facility

Current construction permit number: _____

- ☐ Air operation permit renewal.

Operation permit to be renewed: _____

C. Application Processing Fee

- ☐ Attached - Amount: \$ _____ ☐ Not Applicable.

D. Construction/Modification Information

Description of Project

Date of Commencement of Construction (DD-MON-YYYY) _____

E. Professional Engineer Certification

Professional Engineer Name: _____ Registration No.: _____

Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Professional Engineer Statement:

I, the undersigned, hereby certify that:

To the best of my knowledge the air pollutant and the air pollution control equipment described in this Air Permit Application, when properly operated and maintained, will comply with all applicable standards for control of air pollutant emissions found in Chapter 24, Environment Protection, of the Code of Miami-Dade County and in the Florida Statutes and rules of the Department of Environmental Protection.

Signature

Date

General Facility Information

F. Facility Name, Location, and Type

Facility Operator: _____		
Facility Name: _____		
Facility Street Address _____		
City: _____	State: _____	Zip Code: _____
Telephone: (_____) _____ - _____	Fax: (_____) _____ - _____	
Facility UTM Coordinates:		
Zone: _____	East (km): _____	North (km): _____
Facility Latitude/Longitude:		
Latitude (DD/MM/SS): _____ Longitude (DD/MM/SS): _____		
Property Folio No.: _____ Facility Major Group SIC Code: _____		
Sewer Service: _____ Water Supplier: _____		

Facility Supplemental Information

This subsection of the Air Permit Application form provides supplemental information related to the facility. This information must be submitted as an attachment to each copy of the form. **Two sets of the application package are required.**

G. Supplemental Requirements for ALL Applications

Area Map Showing Facility Location with Plot Plan:	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Facility Elevation Drawing:	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Process Flow Diagram(s):	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Detailed Description of Control Equipment	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Fuel Analysis or Specification	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Fuel Utilization Rate	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Material Safety Data Sheets	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable
Emissions Calculation	
<input type="checkbox"/> Attached	<input type="checkbox"/> Not Applicable

H. Facility Description

Description

I. Spraybooth Data

Type:	Automotive _____	Floor _____	Bench _____
Booth Dimensions:	_____ Wide	_____ High	_____ Long
Exhaust Filter Area:	_____ Ft ²		
Exhaust Fan Data:			
No. of Fans:	_____ RPM	_____ HP	_____ CFM

J. Equipment Data

Package Unit: _____	Model No.: _____
Manufacturer: _____	_____
Generator Nameplate Rating: _____	MW: _____

K. Facility Operating Capacity

Maximum Heat Input Rate: _____ mmBtu/hr: _____
Maximum Process or Throughput Rate: _____
Maximum Production Rate: _____

L. VOC and other Hazardous Air Pollutants

Indicate formulation for all cleaning and coating products and other chemicals compounds which are used in your operation, so that your status as per applicable regulations may be determined. **Use extra sheets as may be required.**

Operation	Chemicals and Solvents	CAS No.	lbs per gals	% Solvent by Weight	Utilization gals per day

M. Facility Operating Schedule

_____ hours/day	_____ days/week	_____ weeks/year
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N. Seasonal Operation Percentage

_____ December - February	_____ March - May	_____ January-August	_____ September-November
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